

Concession Application For Atlantic International Balloon Fiesta

Concession Name: _____

Contact Name: _____

Contact Phone Number:(home) _____ (cell) _____ (other) _____

Email Address: _____

Mailing Address: _____

Product Sold (keep in mind we do not allow products with profanity, drug paraphernalia, knives, and any or all products which would be deemed unacceptable for children)

Number of spaces required (10'x10') _____

Hydro Required: (110 outlets) how many? _____

Use of Shower Facilities? _____

Do you require water for your concession? _____

Parking requirements? _____

Additional ? _____

. We would also like to know where you would be staying and a contact number if you are selected to attend the event.